

Grade just completed

City of New Haven Kid's Kickball League 9-14 Year Olds Registration Form \$5 Entry Fee



		\$5 Entry Fee			
		•	Registration Date:		
Player Name: _	First	Middle	Last		
Date of Birth:	riist	Middle	Last		
-	Month Day Year				
		Shirt Size	•	AS AM AL XL	
Any Heal	lth Problems:		Circle One		
	Circle One				
Father/Guardia			Home Phone:		
Address:	Street	Zip	Cell Phone:		
	Street	Zip	Work Phone:		
Email:			<u> </u>		
Mother/Guardi	ian:		Home Phone:		
Address:			Cell Phone:		
	Street	Zip	Work Phone		
Email:					
	ntact:		Relationship to Child:		
Home Phone:	Cel	l Phone:	Work Phone:		
Games will be		ts on the Paul Mattingly	Ball Field.		
		D 1 / C 1' C			
my/our approve participation and indemnify, and a resides, the organ any claim arising	ats and/or guardian of the chil al to participate in any and a d activities, including transport gree to hold harmless the this l nizers, sponsors, supervisors, p g out of an injury to my/our of amount covered by accident and an Signature:	Parental/Guardian Consent d named above as a candidate ll league activities. I/We assistion to and from such activities eague, the chartering organization articipants, and persons transported that it is a child, whether the result of negligible insurance.	ume all risks and hazines. I/We do hereby on (City of New Have orting my/our child to gligence or for any other.	ards incidental to such waive, release, absolve, en), the City the League and from activities, for	
I, (player's name)	•	d that I am to show good spo	-	and that I am to show	
respect to all coaches all players and anyone else who attends the games. Signature					

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LEAGUE USE ONLY					
League:	Team:	Coach:			